Quality Council
Monday, October 28, 2002
3:30-5:00 p.m.
Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:
Ron Sterling, Chair
Alice Howell
Eleanor Owen
Steven Collins
Clifford Thurston
Frank Jose
Alberto Gallegos

Excused:
Jack Fuller

Absent
Debra Roszkowski
Jeanette Barnes

Staff Present:
Liz Gilbert

Guests
Howard Miller, Chair, King County Mental Health Advisory Board
Rich Hart, Downtown Emergency Services Center (DESC)

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves.

III. ANNOUNCEMENTS

- Ron Sterling announced he attended Partnership Group on October 25th, and encouraged other Council members to attend when possible. Partnership Group consists of management from mental health agencies and RSN leadership, and meets monthly on the fourth Friday at 10:30 a.m.. Ron indicated it would be worthwhile to have an ongoing presence at Partnership Group, and suggested that Eleanor Owen might become the Quality Council liaison.

- Ron and Frank Jose described the Mental Health Consumer Outcome study. This study was presented during the October Partnership Group. The state Mental Health Division contracted with Dr. Brody to develop the study, which will be implemented statewide after testing the tool at three pilot sites. Frank indicated that earlier drafts were deficit based and did not appear to support recovery outcomes. The current version is vastly improved. The methodology calls for case managers to provide minimum assistance to consumers in most instances. Consumers will be able to enter their responses to survey questions through accessing a variety of electronic mediums, including telephone keypads. Their responses will be immediately sent to their case managers. The time implements for administering the study coincide with WAC required treatment planning timelines, so findings can be used to assist consumers and case managers to develop plans in areas where improvement or consumer goals are indicated. At the system level, the tool can be used to compile reports by agency, by RSN, and statewide, which will allow for benchmark comparisons. Concerns were expressed about how the MHD might use findings. For instance, if findings for a particular RSN indicate that consumers are generally doing well, might that result in a cut in funding? There was nothing in the presentation that suggested findings might be used for this purpose.
- Ron asked Liz to check into the status of the MHCADSD board recruitment web page, which appears to be out of date, and to have recent Quality Council meeting notes posted.
- Because the November meeting would normally fall on the Monday of Thanksgiving week and many members will not be able to attend, it was decided to hold a combined November-December meeting on December 9, 2002 from 3:30-5:00 in Conference Room A of the Exchange Building.

IV. RSN UPDATE

Liz provided an update of current activities at the RSN, including:

- RSNs and the Mental Health Division are having conversations about the concept of "ready to discharge" as it relates to patients identified as dischargeable from Western State Hospital. This concept is an important one to reach agreement on as it can impact each RSNs census requirements and subsequent liquidated damages that RSNs may be assessed.
- The RSN sponsored a Red Cross/FEMA disaster training at the Seattle Red Cross offices. Each network agency was expected to send a representative. This training was designed to describe roles and responsibilities if this region experiences a federally defined disaster. RSNs, through their contract with the MHD, are expected to provide disaster mental health services in such disasters.
- A new work group, the Payment Methodology Work Group, will begin meeting this week. This group will be chaired by Amnon Shoenfeld and will look at options for payment for mental health services.
- The final 2003 King County Mental Health Plan Policy and Procedure Manual has been issued.

- The RSN is actively involved in hiring individuals who will provide functions previously performed by United Behavioral Health. The goal is to have all positions filled by January 1, 2003.
- Liz described the Program for All-Inclusive Care for the Elderly (PACE). This program is designed to provide wrap-around health and related services to adults aged 55 and older that meet nursing home placement criteria. The goals for the program include helping older adults to remain in home-like settings, and an improved quality of life. The program was first developed as a pilot project by the Center for Medicaid and Medicare Services, and is now a demonstration project at 18 sites across the United States. Initially, mental health services were "carved out" from the array of services PACE providers are expected to provide, but CMS determined that PACE providers are responsible for all Medicaid services approved in each state's waiver and must receive all Medicaid monies to provide them. This decision is resulting in the termination of approximately 30 older adults from the MHP. The PACE provider will offer limited mental health services, and will subcontract for others on an "as needed" basis. When enrolled in PACE, participants may receive health, Medicaid Personal Care, and assistance with housing, among other services.

V. AFTER HOUR CRISIS RESPONSE

Alice Howell provided an update on the work group – this group is still working on model development. Originally, there was interest in a centralized crisis response for all individuals, regardless of whether they were enrolled in the Mental Health Plan (MHP), but this model is not favored by many agencies who would need to continue to provide after hour crisis response to certain clients and programs. The group is currently considering standards for after-hour crisis response that can be built into agency contracts and will be intended to increase a standardized response. Quality Council members expressed concerns that recommendations from the work group are biased because the membership is predominately providers. However, other Quality Council members felt there were distinct advantages for providers providing after hour crisis response to their own clients.

Because many members of the Quality Council would like to have input into recommendations from this work group, Alice and Liz will explore possibilities for input.

IV. RECOMMDATIONS FOR RESIDENTIAL FACILITIES

Ron reported that the last King County Mental Health Advisory Board (KCMHAB) meeting did not have a quorum present, so it was not possible to have the Board vote on the recommendations forwarded by the Quality Council. He will bring the matter forward during the next Board meeting.

V. CASE MANAGER ISSUES

Ron provided a summary meeting notes from Quality Council meetings in which he identified specific instances of where follow-up to findings related to issues was

mentioned, where follow-up actually occurred, and where follow-up had not occurred. Liz agreed to consult with RSN staff to confirm this summary and report back to the next meeting.

Ron suggested issues the Quality Council may want to further explore: How much are case managers paid? What is the range of salaries paid? What kinds of "paperwork" requirements do case managers have? How much time do these requirements take from clinical work with consumers? What are the sources for these requirements, e.g., WACs, contracts. Are there ways to positively recognize the work of case managers in non-monetary ways? What should the RSN do?

Due to time constraints, this discussion will be continued to the next meeting.

VI. ADJOURNMENT

The meeting was adjourned by the Chair at 5:00 p.m.

NOTE: The November/December meeting will be held on December 9th, 2002

For information call Liz Gilbert, King County Mental Health, Chemical Abuse and Dependency Services Division at (206) 205-1322.